

■ SHORT COMMUNICATION ■

VULVAR LOBULAR CAPILLARY HEMANGIOMA (PYOGENIC GRANULOMA)

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SUMMARY

Objective: Pyogenic granuloma is a relatively common skin growth. The skin of the head, neck, upper trunk, and hands and feet and the oral mucosa and gingiva are the most common sites, but it seldom appears on the female genitalia.

Case Report: A 52-year-old woman presented with a lobulated lesion on the right labia majora. The surface of the lesion was reddish and bled occasionally. The lesion was excised and histopathology revealed features suggestive of lobular capillary hemangioma (pyogenic granuloma).

Conclusion: Pyogenic granuloma is considered a reactive hyperproliferative vascular response to trauma or other stimuli. The name “pyogenic granuloma” is a misnomer since the condition is not associated with pus and does not represent a granuloma histologically. There are a few cases of lobular capillary hemangioma of the glans penis but it is rare on the female genitalia. We present this case to help physicians become aware that lobular capillary hemangiomas may occur at this site. [*Taiwanese J Obstet Gynecol* 2005;44(1):94–95]

Key Words: pyogenic granuloma, vulva

Introduction

Pyogenic granuloma is a relatively common benign vascular lesion of the skin and mucosa whose exact cause is unknown [1]. The lesion usually occurs in children and young adults on the head, neck, extremities, and upper trunk [2]. Some lesions arise during pregnancy (or, rarely, with oral contraceptive use), particularly on the gingiva or elsewhere in the oral mucosa, and then it is termed “pregnancy tumor” [3]. Other pyogenic granuloma variants that have been well documented include disseminated, subcutaneous, intravenous, and systemic medication (retinoid and protease inhibitor)-induced subtypes. Pyogenic granuloma has also been found throughout the gastro-

intestinal tract, and in the nasal mucosa, larynx, conjunctiva, and cornea [4–6]. We report a rare case of vulvar lobular capillary hemangioma (pyogenic granuloma).

Case Report

A 52-year-old multiparous woman with no specific medical history presented with a reddish papule on the right labia majora. The surface of the lesion, which measured about 3 × 2 mm, was ulcerated. According to the patient, it bled occasionally on contact with her underwear. However, she did not recall any trauma or injury before she noticed the papule. She visited our gynecology outpatient department due to the malignant appearance of the lesion. The lesion was excised under intravenous general anesthesia. Histopathology revealed a skin fragment measuring 1 × 0.7 × 0.5 cm. The epidermis was elevated, hyperkeratotic, and ulcerated. Microscopic examination revealed a polypoid skin lesion lined with hyperkeratotic epidermis. The dermis was ulcerated with granulation tissue formation and capillary proliferation with chronic in-

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flammatory cell infiltration. The picture was suggestive of lobular capillary hemangioma.

Discussion

Pyogenic granuloma is a relatively common skin growth. A literature search revealed a few reports of lobular capillary hemangioma of the glans penis but not on the female genitalia [7–10].

The name “pyogenic granuloma” is a misnomer since the condition is not associated with pus and does not represent a granuloma histologically [11]. It results from a reactive/inflammatory process and is filled with proliferating vascular channels, immature fibroblastic connective tissue, and scattered inflammatory cells. The surface is usually ulcerated and the lesion exhibits a lobular architecture. The precise mechanism for the development of pyogenic granuloma is unknown. Trauma, hormonal influences, viral oncogenes, underlying microscopic arteriovenous malformation, and production of angiogenic factors have been implicated. While trauma was long considered a primary cause, one large study by Patrice et al found that 74.2% of cases gave no history of preceding trauma or a predisposing dermatologic condition [2].

Pyogenic granulomas are always benign. Although cancer rarely mimics pyogenic granuloma, there is always a concern that the lesions could be cancerous. A sample is usually obtained for biopsy analysis. This is particularly important since Patrice et al reported 43.5% and 13% recurrence after intradermal excision and cauterization or cauterization alone, respectively [2]. At times, multiple smaller pyogenic granulomas form following treatment. It appears that pieces of pyogenic granuloma may spread through local blood vessels [12]. Pyogenic granulomas in pregnant women may resolve spontaneously after delivery, and conservative therapy is sometimes the best strategy in those cases. Laser surgery can also be performed but it has not been proven to be superior [13]. Patrice et al report that full-thickness skin excision closed with stitches appears to yield the lowest chance of recurrence [2].

In conclusion, unfamiliarity with these types of le-

sions on the vulva can cause confusion with other common polypoid morphologies at this site such as warts, bowenoid papulosis, giant condylomas, and verrucous carcinoma. We present this case to help physicians become aware that lobular capillary hemangiomas may occur at this site.

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